



No. 37167-8043.USOD (13724-853)

INVENTORSHIP DECLARATION BY JOINT INVENTORS

I HEREST HARRES ARE THAT:

My residence, mailing address, and citizenship are stated next to my name in PART A on hereof.

I believe I am the original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

TISSUE SURFACE TREATMENT APPARATUS AND METHOD

the specification of which:

was filed on August 22, 2001 as Application Serial No. 09/938,276.

have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code \$119 of any foreign application(s) for patent or inventor's certificate listed in PART B hereof and have also identified in PART B on hereof any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed.

I hereby claim the benefit under Title 35, United States Code \$119(e) and \$120, of any United States application(s) listed in PART C hereof and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph by the first paragraph of Title 35, United States Code \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56 which occurred between the filing date of the prior application and any national or PCT international filing date of this application.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please direct all telephone calls to Peter J. Dehlinger at (650) 838-4401. Address all correspondence to:

> Perkins Coie LLP P.O. Box 2168 Menlo Park, CA 94026 Customer No. 22918

Pending

BEST AVAILABLE COPY INVENTORSE

HIP DECLARATION BY JOINT INVENTORS

ION AND SIGNATURE

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Inventor's Signature: Date: 12/12/01
solution of signature.
Full name of THIRD inventor: Daniel J. Balbierz
<u> </u>
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10/0-13/11/11
Inventor's Signature: Date: 12/10/01
PART B: CLAIM TO PRIORITY OF FOREIGN APPLICATION(S) UNDER 35 U.S.C. 119(a-d)
Country App. No. Filing Date
App. No. siling back
PART C: CLAIM TO PRIORITY OF U.S. PROVISIONAL AND NONPROVISIONAL
APPLICATION(S) UNDER 35 U.S.C. 119(e) AND 120
Serial No. Filing Date Status

28 February 2001

09/797,409

Form 1 1-31-9	FEB 1 2 2002 PATENTS		A IIGINALLY FILED
	To the Honorable Assistant Commissioner original document	for Pa	atents: Please record the attached opy thereof
1.	Name of conveying party(ies): David L. Morris Steve A. Daniel Daniel J. Balbierz Add'l names of conveying parties attached? Yes M No	2.	Name/address of receiving party: Rita Medical Systems, Inc. 967 North Shoreline Blvd. Mountain View, California 94043 l names of receiving parties attached? Yes
3.	Nature of conveyance: ☑ Assignment ☐ Merger ☐ Security Agreement ☐ Other ☐ Change of Name ☐ Reassignment		Date of execution: 12/14/01; 12/13/01; and 12/11/01, respectively;
5.		new a	
	A. Patent Application No.(s) 09/938,276 filed 22 August 2001		B. Patent No.(s)
	Additional number	s atta	ached: 🗆 Yes 🛛 No
6.	Name and address of party to whom correspondence concerning document should be mailed:	7.	Total No. of applications and patents involved: one (1)
	Perkins Coie LLP	8.	Total fee (37 CFR §3.41): \$40.00
	P.O. Box 2168 Menlo Park, CA 94026 (650) 838-4300		Please charge Deposit Account 50-0665 for amount due.
			Total number of pages, including cover sheet, attachments and document: <u>5</u>
	DO NOT USE	THIS :	SPACE
10.	Statement and signature:		
	To the best of my knowledge and is true and correct and any att original document. Peter J. Dehlinger		_ -